

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OM	B APPROVA	۱۲
OMB Nur	nber: 32	35-0076
Expires:	April 30,	2008
Estimated	d average bu	rden
hours per	response	16.00

SEC USE	ONLY
Prefix	Serial
)	
DATE REC	EIVED
1	

Name of Offering (check if this is a	in amendment and nan	ne has changed, and	l indicate change.)		
Offering of Units of Limited 1	Partnership Int	erests			
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505	☑ Rule 506	Section 4(6)	☐ ULOE
Type of Filing	☐ Amendment				
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		A. BASIC IDENTI	FICATION DATA		-
1. Enter the information requested about Name of Issuer (check if this is a		no has abangad and	Lindicata abanga)	III	- 140 (140 (140 (140 (140 (140 (140 (140
(2	in amendment and nam	ne nas changeo, and	indicate change.)		07067784
KAB ACQUISITION L.L.L.I Address of Executive Offices		Olumbar and Char	- City State 7:- Code	Talanhama N	Lumbar (Instuding Assa Cada)
	n	-	et, City, State, Zip Code)	1	Number (Including Area Code)
410 17th Street, Suite 1151	Den	ver, CO 8020		(303) 534-49	
Address of Principal Business Operations (if different from Executive Offices)		(Number and Stre	et, City, State, Zip Code)	l elepnone r	Number (Including Area Code)
(same as above)			OCESSED		
Brief Description of Business		rn	OOLOOLD E	>_	
Developer of oil and gas prop	erties.	u	HN 2 5 2007	<u> </u>	
Type of Business Organization		•	0,1 0 1 000		
□ corporation	limited partnersh	nip, already formed	HOMSON other	(please specify): Lin	nited Liability Limited Partnership
☐ business trust	limited partnersh	nip, to be formed	INANCIAL		
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organization	•	Month 0 1 J.S. Postal Service		Actual 🔲 Estima	ated
	CN for Canada; Fl				
GENERAL INSTRUCTIONS					
Federal: Who Must File: All issuers making an of 77d(6).	ffering of securities in	reliance on an exe	emption under Regulation	D or Section 4(6),	17 CFR 230.501 et seq. or 15 U.S.C.
When to File: A notice must be filed no Exchange Commission (SEC) on the earlied due, on the date it was mailed by United St	er of the date it is rece	ived by the SEC at	the address given below		
Where to File: U.S. Securities and Exchan	ige Commission, 450 F	Fifth Street, N.W., V	Washington, D.C. 20549.		
Copies Required: Five (5) copies of this photocopies of the manually signed copy o			e of which must be man	ually signed. Any	copies not manually signed must be
Information Required: A new filing must the information requested in Part C, and a with the SEC.					

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Filing Fee: There is no federal filing fee.

Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Breitenbach Petroleun	n Corporation	1			
Business or Residence Address	•	(Number and Street, C	City, State, Zip Code)		
410 17th Street, Suite	1151	Denver, Colo	rado 80202		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Kenneth Allen Breiter	nbach				
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		· •··-
c/o Breitenbach Petro	leum Corpora	ation 410 17th Stre	et, Suite 1151, Der	nver, Colora	do 80202
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		· ·
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in-	dividual)				
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
		(ony, onato, top code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address		(Number and Street, C	City, State, Zip Code)		
	(Use bl	ank sheet, or copy and use a	dditional copies of this sheet	t, as necessary)	

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	□Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if in	dividual)					
Business or Residence Address		(Number and Street, (City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	□Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if in	dividual)					
Business or Residence Address		(Number and Street, 0	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	□Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, if in	dividual)					
Business or Residence Address		(Number and Street, 0	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner	
Full Name (Last name first, if in	dividual)					
Business or Residence Address		(Number and Street, 0	City, State, Zip Code)			

		. <u>.</u>			В. І	NFORMAT	TION ABOU	J T OFFERI	NG				
	Haatha	icanar sald	ou door th	a issuer in	and to call	to non no	raditad inv	actore in th	is offering)		Yes	No
l.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							************	L	\square			
2.	What is	the minim					_					\$	75,000
	***************************************				m oc accep		.,					Yes	No
3.													Ø
4.	commis offering with a s	sion or sin . If a perso tate or stat	milar remu on to be lis es, list the	neration for ted is an as name of the	or solicitat sociated pe ne broker o	ion of pur erson or age r dealer. I	chasers in ent of a bro f more than	connection ker or deal n five (5) p	ı with sale er registere	s or secured with the be listed are	irectly, any ities in the SEC and/or associated		
	lame (Las	t name firs	t, if individ	lual)									
N/A													
Busin	ess or Res	sidence Ad	dress (Num	ber and St	reet, City, S	State, Zip (Code)						
Name	of Assoc	inted Broke	er or Deale	<u>.</u>									
ivanic	01 73300	iated Blok	or Deale.	•									
States	in Which	Person Li	sted Has So	olicited or I	ntends to S	Solicit Purc	hasers						
(Check "A	II States" o	r check inc	lividual Sta	ites)				*****************		☐ All	States	
	AL	AK	AZ	ÄR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	ИЛ	NH	NJ	NM	NY	ИC	ИD	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	TV	VA	WA	WV	WI	WY	PR
Full N	lame (Las	t name firs	t, if individ	lual)									
Busin	ess or Res	sidence Ad	dress (Nun	iber and St	reet, City, S	State, Zip (Code)						
Name	of Assoc	iated Broke	er or Deale	r									
States	in Which	Person Li	sted Has So	olicited or I	ntends to S	Solicit Purc	hasers						
(Check "A	II States" o	r check inc	lividual Sta	ites)						☐ All	States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	ИН	NJ	МИ	ИУ	ис	ND	ОН	OK]	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	[WI]	WY	PR
Full N	lame (Las	t name firs	t, if individ	lual)	<u>.</u>								
Busine	ess or Res	sidence Ad	dress (Nun	nber and St	rect, City, S	State, Zip (Code)						
Name	of Assoc	iated Broke	er or Deale	г							•		
					<u>. </u>								
				olicited or I		Solicit Purc	hasers				r		
(1	Check "A [AL]	II States" o	or check inc	lividual Sta	ites) CA	col	CT	DE	DC	FL	GA Ali	States	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	_
	MT	NE	NV	ИН	NJ	NM	NY	ис	MD	ОН	OK	OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PR	OCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged,	S			
	Type of Security		Aggregate ffering Price	•	Amount Already Sold
	Debt	\$	0.00		0.00
	Equity	 \$	0.00	\$	0.00
	☐ Common ☐ Preferred			_	
	Convertible Securities (including warrants)	s	0.00		0.00
	Partnership Interests	\$ <u>10</u>	,050,000	\$ _	10,050,000
	Other (Specify)	\$	0.00	\$	0.00
	Total	\$ 10	,050,000	\$	10,050,000
	Answer also in Appendix, Column 3, if filing under ULOE.		· ·		
2.	Enter the amount of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e			
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		38	\$	10,050,000
	Non-accredited Investors.		0	\$	0
•	Total (for filings under Rule 504 only)			\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		т. с		5 .11.4
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505			\$_	
	Regulation A			\$_	·
	Rule 504			\$	
	Total		<u>.</u>	\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	e :			
	Transfer Agent's Fees	•••••		\$ _	
	Printing and Engraving Costs			\$ _	
	Legal Fees			\$	15,000
	Accounting Fees (and management fees)			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$_	
	Other Expenses (identify) Miscellaneous			\$	

Total		Ø	\$	15,000
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS			
b Enter the difference between the aggregate offering price given in response to Pa Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference "adjusted gross proceeds to the issuer."	e is the		\$_	
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be for each of the purposes shown. If the amount for any purpose is not known, furnish an exand check the box to the left of the estimate. The total of the payments listed must equadjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.	stimate		\$	10,035,000
	Directors, & Affiliates			Payments to Others
Salaries and fees	□ \$	_ ם	\$_	
Purchase of real estate	□ \$	_ 🗆	\$_	
Purchase, rental or leasing and installation of machinery and equipment	 \$	_ 🗆	\$_	
Construction or leasing of plant buildings and facilities	□ \$	_ 🗆	\$_	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$		\$	
Repayment of Indebtedness	· · · · · · · · · · · · · · · · · · ·		\$	
Working capital	□ \$	<u></u>	s	9,934,650
Other (specify): Management fee and accounting expense	\$		\$ _	100,350
	□ \$		\$	
Column Totals	s		\$	10,035,000
Total Payments Listed (column totals added)		 \$10.035		

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The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date /
KAB ACQUISITION L.L.L.PVIII		6 (7,2007)
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
By: Breitenbach Petroleum	President	
Corporation	•	
Its General Partner		
By: Kenneth Allen Breitenbach		

-ATTENTION-

APPENDIX

1	2 3 4								5
	to non- investo	nd to sell -accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amounit	Number of Non-Accredited Investors	Amount	Yes	No
AL	•	- "							
AK									
AZ									
AR								i	
CA		✓	Units; \$2,925,000	12	\$2,925,000	0	\$0.00		4
СО	• • •	✓	Units; \$1,050,000	7	\$1,050,000	0	\$0.00		✓
СТ		✓	Units; \$150,000	1	\$150,000	0	\$0.00		✓
DE									
DC									
FL								!	
GA									
Hl		✓	Units; \$150,000	1	\$150,000	0	\$0.00	!	✓
ID									:
IL									
IN									
IA									
KS	1								
KY									
LA									
ME									
MD									
MA								_	

APPENDIX

1		2	3			4			5	
	to non invest	nd to sell -accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MI										
MN									-	
MS										
МО										
MT		✓	Units; \$150,000	1	\$150,000	0	\$0.00		✓	
NH										
NE										
NV		✓	Units; \$900,000	5	\$900,000	0	\$0.00		✓	
NJ		✓	Units; \$300,000	2	\$300,000	0	\$0,00		1	
NM										
NY		✓	Units; \$300,000	2	\$300,000	0	\$0.00		1	
NC										
ND										
ОН										
OK										
OR										
PA										
RI										
SC										
SD										
TN		✓	Units; \$150,000	1	\$150,000	0	\$0.00		✓	
TX		✓	Units; \$3,750,000	4	\$3,750,000	0	\$0.00		✓	
UT								<u> </u>		
VT										
VA	-									

APPENDIX									
1	2		3	4			5		
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WA									
wv									
WI									
WY	1		Units; \$225,000	2	\$225,000	0	\$0.00		✓
PR					1				